

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726 Y/19

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24 Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishm	ent Name	- 1	immy Johns	Telephone Number () Establishment	Date of In (mm/dd/y		ID#	
Establishm	ent Addre	ess (nu	umber and street, city, state, zip code)	(1) Establishment (1) Owner	4-	19	18-135	
222	21 S	tate	e St New Albany, IN 47150	502-591-9250	1717	-	, -	
Owner				Purpose:	Follow-u	-	se Date	
	· .		ubs Inc	1. Routine	NO	70 (day	
Owner's A	ddress 4 I	nde	pendance Way, Chaleston IN 47111	2. Follow-up 3. Complaint	Summary	y of Violatio	ns;	
Person in C	Charge /	,	,	4. Pre-Operational	1,2	NC_	1 00	
			Morphy	5. Temporary			`	
Responsible	e Person's	E-ma	वी	6. HACCP	Menu Ty	pe (See back	t of page)	
Certified Fo	her Kard	014		7. Other (list)	١.,	1/2		
Ceruned 1.			Murphy Jan 13,2023		1	<u>V_3</u>	_45	
• CRITICAL	• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATIC)N(S) REPE	LATEI	D FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUN	MMARY OF VIOLATIONS" AN	i aht ni di	NARRATIVE	EBELOW AS "R"	
Section#	C/NC	R				To Be Co	orrected By	
129	C		Observed PIC return from	n taking out		0 to	day	
			trush and smoking and	7				
				loves and sevi				
			Food.	<u> </u>	1	-		
			Observed 2 employees e	onter Kitchen	-	today		
				+ washing han	ds		:	
			first			 		
443	C		Observed Measured bleach	a Saustizes		Corre	rtod	
1			above 200 ppm.	July /		00,,	Creon	
422	NC		Observed Cell phone on So	שם מפתונו ב		~ x ~ c	and and	
-	// -		and Key and cigarettes o			(01)	C TONE	
			Only feel with cigarins	IN prop surial	Ψ.			
		+			-		<u> </u>	
		-						
	-	$\vdash\vdash$				<u> </u>		
		\square	<u> </u>					
		H				-		
D spained by	/··a and	1.10.						
Received by	(name and	title p	rsy/General Marger	Inspected by (name and title pr	1	E HS		
Received by	(signature)	<u></u>		Inspected by (signature):	1			
XO	my	/ Ll	'in this	Thomas	<i>1</i> /~			
Œ	<u>~</u>		CC:		cc:			

Floyd County Health Department Inspection Notes								
Gode#	# C/NG	O.T.C.: / Comments in the control of						
		PIC: Lora Murphy CFH:						
		Health Policy Y - N Food Code: Y - N						
,		door unlocked - no one around						
129	G	Check hard washing - Cig						
		Check hard washing - Cig Handling cell phone - Using equipment						
422	NC	Cell phone or some wood Conten						
		We wise down the machine OK						
443	C	Sanitize high						
	 							
		· · · · · · · · · · · · · · · · · · ·						